

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713887** (8)

1. Corporation Name

IMPERIAL HOUSE OF VENICE, INC.

Principal Place of Business

**1801 GLENGARY STREET
SARASOTA FL 34231-0803**

Mailing Address

**1801 GLENGARY STREET
SARASOTA FL 34231-3803**



3. Date Incorporated or Qualified 12/29/1967	3a. Date of Last Report 03/30/1996
4. FEI Number 59-1310648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDOMINIUM MANAGEMENT INC
1801 GLENGARY STREET
SARASOTA FL 34231**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, V L	1.2 NAME	
STREET ADDRESS	333 THE ESPLANADE #301	1.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, CHERI A	2.2 NAME	
STREET ADDRESS	333 THE ESPLANADE #103	2.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE, FL 00000	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, MARTIN	3.2 NAME	
STREET ADDRESS	333 THE ESPLANADE NO #303	3.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, M. BRADFORD	4.2 NAME	
STREET ADDRESS	333 THE ESPLANADE #205	4.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESSA, LEO	5.2 NAME	
STREET ADDRESS	333 THE ESPLANADE #403	5.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34285	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, PAUL R	6.2 NAME	
STREET ADDRESS	1801 GLENGARY ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	6.4 CITY - ST - ZIP	

SEE ATTACHED

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *P. Richard Clark* DATE: **5/24/97**
 P. Richard Clark
 941/921-5393

CR2E037 (9/96)

IMP**Imperial House of Venice, Inc.**

Manager: DOUG 333 The Esplanade

Venice

Date Printed 12/16/96 Tel Acct

Page

1

98

P/D

Mr. Leo A. Ressa

Local Address

333 The Esplanade

Unit #403

Venice, FL 34285

V/D

Mr. Verlin L. Miller

Local Address

333 The Esplanade No #301

Venice, FL 34285

S/D

Ms. Cheri A. Pugh

Local Address

333 The Esplanade No #103

Venice, FL 34285

T/D

Mr. M. Bradford Hall

Local Address

333 The Esplanade No #205

Venice, FL 34285

D

Mr. Milton V. Thibeault

Local Address

D

Mr. Martin Knight

Local Address

1009 Pine Forest Court

Venice, FL 34293

AS

Mr. P. Richard Clark

Local Address

AT

Paul R. Clark

Jr.

Local Address

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NONPROFIT
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ANNUAL REPORT
1997



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Not Applicable

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Trust Fund Contribution

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Florida Statutes

☐ Yes

☒ No

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Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **MILLER, V L**
STREET ADDRESS **333 THE ESPLANE #301**
CITY-ST-ZIP **VENICE, FL 00000**

TITLE **SD** ☐ DELETE
NAME **PUGH, CHERI A**
STREET ADDRESS **333 THE ESPLANE #103**
CITY-ST-ZIP **VENICE, FL 00000**

TITLE **PD** ☐ DELETE
NAME **KNIGHT, MARTIN**
STREET ADDRESS **333 THE ESPLANE NO #303**
CITY-ST-ZIP **VENICE FL**

TITLE **TD** ☐ DELETE
NAME **HALL, M. BRADFORD**
STREET ADDRESS **333 THE ESPLANE #205**
CITY-ST-ZIP **VENICE FL**

TITLE **D** ☐ DELETE
NAME **RESSA, LEO**
STREET ADDRESS **333 THE ESPLANE #403**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **AS** ☐ DELETE
NAME **CLARK, PAUL R**
STREET ADDRESS **1801 GLENGARY ST**
CITY-ST-ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0090668**

CR2E037 (9/96)

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Manager: DOUG 333 The Esplanade

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